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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/630,138		Filing Date 29 July, 2003		<input type="checkbox"/> To be Mailed					
				Applicant(s) GOLLNICK ET AL.						Page 1 of 3			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	x						51	x					
2	x						52	1					
3	x						53	x					
4	x						54	x					
5	x						55	x					
6	x						56		1				
7	x						57		1				
8	x						58		1				
9	x						59		1				
10	x						60		1				
11	x						61		1				
12	x						62		1				
13	x						63	1					
14	x						64		1				
15	x						65		1				
16	x						66		1				
17	x						67		1				
18	x						68		1				
19	x						69		1				
20	x						70		1				
21	x						71		1				
22	x						72		1				
23	x						73		1				
24	x						74		1				
25	x						75		1				
26	x						76		1				
27	x						77		1				
28	x						78		1				
29	x						79		1				
30	x						80		1				
31	x						81		1				
32	x						82		1				
33	x						83		1				
34	x						84		1				
35	x						85		1				
36	x						86		1				
37	x						87		1				
38	1						88		1				
39		1					89		1				
40		1					90		1				
41		1					91		1				
42	1						92		1				
43		1					93		1				
44		1					94		1				
45		1					95		1				
46	1						96		1				
47	x						97		1				
48	1						98		1				
49		1					99		1				
50	x						100		1				
Total Indep	6						Total Indep						
Total Depend		196					Total Depend						
Total Claims	202						Total Claims						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

Part of Paper No20081016-1.

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
101		1					151		1				
102		1					152		1				
103		1					153		1				
104		1					154		1				
105		1					155		1				
106		1					156		1				
107		1					157		1				
108		1					158		1				
109		1					159		1				
110		1					160		1				
111		1					161		1				
112		1					162		1				
113		1					163		1				
114		1					164		1				
115		1					165		1				
116		1					166		1				
117		1					167		1				
118		1					168		1				
119		1					169		1				
120		1					170		1				
121		1					171		1				
122		1					172		1				
123		1					173		1				
124		1					174		1				
125		1					175		1				
126		1					176		1				
127		1					177		1				
128		1					178		1				
129		1					179		1				
130		1					180		1				
131		1					181		1				
132		1					182		1				
133		1					183		1				
134		1					184		1				
135		1					185		1				
136		1					186		1				
137		1					187		1				
138		1					188		1				
139		1					189		1				
140		1					190		1				
141		1					191		1				
142		1					192		1				
143		1					193		1				
144		1					194		1				
145		1					195		1				
146		1					196		1				
147		1					197		1				
148		1					198		1				
149		1					199		1				
150		1					200		1				
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

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	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
201		1					251						
202		1					252						
203		1					253						
204		1					254						
205		1					255						
206		1					256						
207		1					257						
208		1					258						
209		1					259						
210		1					260						
211		1					261						
212		1					262						
213		1					263						
214		1					264						
215		1					265						
216		1					266						
217		1					267						
218		1					268						
219		1					269						
220		1					270						
221		1					271						
222		1					272						
223		1					273						
224		1					274						
225		1					275						
226		1					276						
227		1					277						
228		1					278						
229		1					279						
230		1					280						
231		1					281						
232		1					282						
233		1					283						
234		1					284						
235		1					285						
236		1					286						
237		1					287						
238		1					288						
239		1					289						
240		1					290						
241		1					291						
242		1					292						
243		1					293						
244		1					294						
245		1					295						
246		1					296						
247							297						
248							298						
249							299						
250							300						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

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